

**VEHICLE RECYCLER SIGN-UP
MERCURY SWITCH REMOVAL PROGRAM**

Please print

Name: _____

Company: _____

Site Address: _____
(Where container is dropped off by UPS)

City: _____ Zip code: _____

Mailing Address: _____
(Where reimbursement check is to be sent)

City: _____ Zip code: _____

E-mail address: _____

Number of 3 ½-gallon containers requested:

Signature: _____ Date: _____

Send form to: Jan Brydsen, Hazardous Waste & Toxics Reduction Program,
Central Regional Office, 15 West Yakima Ave., Yakima, WA 98902.

Jbry461@ecy.wa.gov